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DECLARATION FOR UTILITY OF	Attorney Docke
PATENT APPLICATION	

(37 CFR 1.63)

OR

Declaration Submitted With Initial Filing

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.18 (a)) required)

Attorney Docket Number	P05473US01	`
First Named Inventor	DAVISSON, Robin L.	
COM	PLETE IF KNOWN	
Application Number	10/666,980	
Filing Date	September 19, 2003	
Art Unit	1645	
Examiner Name		_

I hereby declare that:	•						
Each inventor's residence, mail							
I believe the inventor(s) named which a patent is sought on the	below to be th	e original and first in ded:	ventor(s)	of the subjec	t matter whi	ch Is claim	ed and for
ANIMAL MODEL FOR							
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		(Title of the In	vention)				
the specification of which					•		
is attached hereto							
OR							
was filed on (MM/DD/Y)	m [09/19/2003	as Unit	ed States Ap	plication Nu	mber or PC	CT International
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Application Number		and was amended	-				
I hereby state that I have review amended by any amendment s	wed and under	stand the contents o	if the abov	/e Identified :	specification	, including	the claims, as
I acknowledge the duty to dis continuation-in-part application	close information	tion which is materia	al to pate	entability: as	defined in 3	7 CFR 1.6	56, including for odor application
and the national or PCT Interna	ational filing da	te of the continuation	n-in-part a	pplication.			
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before that of the application o	n which priority	/ is claimed.					
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Additional foreign applicat	ion numbers a	ne listed on a supple	mental pri	ority data sh	eet PTO/SB	02B attach	ned hereto.

[Page 1 of 2] [Page 1 of 2]

This collection of information is required by 35.U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35.U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND T: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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NAME OF SOLE OR FIRST IN Given Name	VENTOR:		ЦАр	etition		een file Family		s unsigi	ned inventor
(first and middle [if any])		Robin L.				or Surr			Davisson
Inventor's Signature	Dini								Date (03
Residence: City	State			Coun	try			Citize	•
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	of Anatomy and Iowa College			Bowe	n Scl	ence Bi	uilding,		
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NAME OF SECOND INVENTO	OR:				Α	petition	has bee	n filed	for this unsigned inventor
Given Name (first and middle [if any])						Family I or Sum			
Inventor's Signature					•				Date
Residence: City	State			Cour	itry			Citize	nship
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Additional inventors or a legal n	epresentative are b	eing camed on	the	supplem	ental s	heet(s) P	TO/SB/02/	A or OZLR	attached hereto.

[Page 2 of 2]



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Application Number	10/666,980
Filing Date	September 19, 2003
First Named Inventor	DAVISSON, Robin L.
Group Art Unit	1645
Examiner Name	
Attorney Docket Number	P05473US01

I hereby appoint		Place Customer
Practitioners at C	ustomer Number 22885	Number Bar Code
OR		Label here
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	ord of the entire interest. See 37 CFR 3	.71.
Statement unde	r 37 CFR 3.73(b) is enclosed. (Form P)	TO/SB/96).
	SIGNATURE of Applicant or Assign	
Name Rob	in L. Davisson	
Signature	rwpw_	
Date	19103	
NOTE: Signatures of all the inve	ntore of easignees of record of the entire Interest	t or their representative(s) are required. Submit multiple
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P05473US01

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Prior Foreign Application	Country	Foreign Filing			rity aimed	Certified Co	ppy Attached?

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POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

Application Number	10/666-980
Filing Date	September 19, 2003
First Named Inventor	DAVISSON, Robin L.
Group Art Unit	1645
Examiner Name	
Attorney Docket Number	P05473US01

Practitioners at Customer Number OR Practitioner(s) named below: Name Registration Number ns my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address Address Address City Country Telephone I am the: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISB/96). Signature Name Registration Number Place Customer Number Number Bar Code Label Here Registration Number Place Customer Number Number Bar Code Label Here Place Customer Number Code Registration Number Place Customer Number Code Registration Number Place Customer Number Code Registration Number Number Bar Code Label Here Number Bar Code Registration Number Registration	I hereby appoint:			
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